



Smoking Cessation in Hawaii: Implications and Future Directions

H-R. Lee¹, H. Robinett², D. Mitschke³, T. Lowery St. John⁴,
M. Reyes⁵, and T. Tamai⁶



In early 2005, the Cancer Research Center of Hawaii, in collaboration with the Coalition for a Tobacco Free Hawaii and the Hawaii State Department of Health, conducted a tobacco cessation needs

assessment. With regard to ethnicity, Native Hawaiians/part-Hawaiians (25.8%) have a significantly higher smoking rate compared to white, Japanese and Filipino population. Smoking patterns vary among men and women by ethnicity as well, with the proportion of men to women smokers roughly equal among whites, Hawaiians and Chinese, and more prevalent among men than women in the Filipino and Japanese communities.

Other characteristics of Hawaii's smokers, including marital status, employment, income, and education, are highlighted in the 2005 Hawaii Cessation Needs Assessment Report which is accessible through the Coalition for a Tobacco Free Hawaii's website at: www.tobaccofreehawaii.org.

assessment to identify gaps and needs in Hawaii's cessation service system in order to better inform system-wide priority setting, planning and resource allocation. To estimate the number and describe the characteristics of Hawaii's tobacco users, the study team reviewed four data sources: 2003 Behavioral Risk Factor Surveillance System (BRFSS); 2001 Adult Tobacco Survey (ATS); 2003 Youth Tobacco Survey (YTS); and evaluation data from the 2004 Public Awareness Campaign (PAC) of the Hawaii Tobacco Prevention and Control Trust Fund. To document the characteristics of existing smoking cessation programs in Hawaii and to identify various cessation program needs, in-depth surveys were conducted with three distinct groups: direct service providers—individuals responsible for delivering cessation services; administrators—individuals responsible for managing cessation programs; and key informants—individuals who represent special populations or are current stakeholders in Hawaii's tobacco control community. In all, 27 providers, 22 administrators, and 25 key informants were interviewed.

While the study findings and recommendations address issues central to a comprehensive cessation system, ranging from training interests among cessation service providers to the unique cessation needs of at-risk populations, this article focuses on findings and recommendations that are most pertinent to Hawaii's health care community.

Smoking Prevalence

Based on an overall adult smoking prevalence of 17.2%, there are an estimated 165,100 adult smokers in Hawaii. Geographically, the majority of Hawaii's smokers reside on Oahu (117,700), followed by the Big Island (20,200), Kauai (8,500) and Maui (8,500). While the majority of adult smokers (63.7%) are 25 to 54 years old, young adults ages 18-24 have the highest smoking prevalence of any age group (22.3%).

Cessation Attempts

Per BRFSS data, approximately 128,200 of Hawaii's adults stopped smoking for one day or longer in attempt to quit smoking in 2003. Among those who quit for one day or longer, 25.5% successfully quit and 74.4% eventually resumed smoking. ATS data indicate that approximately 84% of Hawaii's smokers (138,700) expect to quit smoking at some point in their lives: 61% (100,700) of them plan to quit in the next six months, and 25% (41,300) plan to quit in the next 30 days. Among current smokers who tried to quit within the last year and quitters who quit in the past 5 years, only 15% used medication such as nicotine replacement therapies (NRT) or prescription medications, and 3% used other assistance such as classes or counseling (ATS).

Given the smoking prevalence rate in Hawaii, according to the CDC guidelines (1999), approximately 10% (16,510) of smokers in Hawaii are expected to access cessation services every year. Furthermore, based on a model developed by Partners in Corporate Health, Inc. (PCHI), an estimated 46% (75,900) of Hawaii's current smokers can be expected to participate in a cessation program in their lifetime. Beyond these estimates, exactly how many of Hawaii's smokers will participate in cessation programs will depend heavily on the effectiveness of marketing efforts, cessation program costs and ease in program access, several aspects of which are described below.

Hawaii's Tobacco Cessation Programs

Throughout the state a number of community and hospital-based tobacco cessation programs are available to help smokers quit. These programs generally meet or exceed the minimum standards set by the U.S. Department of Health and Human Service's *Clinical Practice Guideline* (2000), and serve as essential components of Hawaii's comprehensive tobacco control system. A variety of

delivery mechanisms are available to serve the diverse learning needs of smokers interested in quitting, including individual, group, and telephone counseling. In addition, most cessation programs across the state offer self-help materials to participants, most commonly in the form of brochures, Internet sites, and videotapes. As for the intensity of the programs, the *Guideline* recommends that intensive intervention programs provide a minimum of four sessions, with each session comprising more than 10 minutes in duration. The majority of Hawaii's cessation programs exceed these recommendations. The average number of sessions provided by cessation programs in Hawaii is 5.8, with 85% of the programs meeting or exceeding the *Guideline's* recommendation. Further, the typical length of a cessation session is one hour, with 96.6% of Hawaii's programs exceeding 10 minutes. Finally, the extended duration of most cessation programs in Hawaii allows for follow-up and a greater likelihood of a sustainable quit attempt, with the majority of programs (61.5%) lasting between one and six months.

Availability, accessibility, and affordability are also necessary considerations for any cessation program. The majority of programs (63.6%) are available within 5 days of initial inquiry, with only 18.2% of providers reporting average waits for clients in excess of 2 weeks post inquiry or referral. All of the programs allow participants to rejoin the cessation program should they relapse, and 9 programs offer more intensive services such as additional consultation and encouragement for relapsed clients. Cost of program participation varies widely across programs. For example, 10 out of 29 programs charge clients to participate, with 19 programs offering services free of charge. Among the programs that charge clients to participate, fees range from \$7.00 per individual session to a set program participation fee of \$100.

One of the major gaps in the delivery of cessation services is a lack of awareness among providers regarding the availability of cessation services and the development of a referral system for smokers who wish to quit. This is clear in reviewing the maximum capacity of existing programs as compared to the actual number of clients served in an average month. While the average maximum capacity per program was reported as 64 clients per month, the actual number of clients seen each month averaged 25 individuals. Clearly, efforts need to focus on finding ways to connect smokers who wish to quit with cessation service providers who are available to provide assistance.

The recent addition of a statewide smoking cessation quitline provides a much-needed opportunity to not only provide evidence-based tobacco cessation counseling, but also to link smokers to existing community-based programs. Hawaii's *Call It Quits* 1-800-QUIT-NOW (1-800-784-8669) service was officially launched in October 2005 and is funded by the Hawaii Tobacco Prevention and Control Trust Fund. Cessation coaches at *Call It Quits* provide free one-on-one telephone-based cessation counseling to smokers and assist callers in determining their readiness to quit, setting a quit date and creating a quit plan. In addition, information and assistance regarding pharmacological aids such as bupropion and NRT is provided. Health care providers can assist in linking their patients to appropriate cessation resources by utilizing the *Call It Quits* fax referral program. When a completed fax referral form, which can be downloaded from the *Call It Quits* website (www.callitquithawaii.org), is faxed to the local call center, cessation

coaches will follow-up with each patient referred to the program. Health care providers who participate in the fax referral program will be informed of the status of their patient's quit attempt, thereby assuring that patients are provided a continuum of care throughout the cessation process.

Cessation Advice in the Health Care System

In addition to community and hospital-based cessation services covered in Hawaii's Cessation Needs Assessment Report, another critical component in building a comprehensive cessation system is the role of health care providers both at the individual physician and system levels. Relevant BRFSS and ATS data regarding smoker interactions with the health care system provide insight into provider practices as reported by their patients.

Hawaii's surveillance survey data are encouraging, as approximately 75% of smokers who visited a health care provider in the past 12 months reported receiving advice to quit (BRFSS), and about half of the smokers were given at least some assistance (ATS). Specifically, 25% were prescribed NRTs or other medication, 16% were asked to set a quit date, 23% were referred to classes or counseling, and 23% received self-help materials such as videos, books or brochures. The picture is rather different with youth.

According to the YTS, only 3 in 10 (33.3%) middle school (MS) and high school (HS) smokers who visited doctors reported discussing tobacco use at their doctor's office, and only 27.5% of MS and 20.0% of HS smokers who visited dentists discussed tobacco use at their dentist's office in the past year. While these data are based on patient reports, and thus may not truly represent health care practices in Hawaii, they may indicate a need for greater attention to youth tobacco use and cessation needs within the health care system.

Report Recommendations

Since this needs assessment did not explore cessation needs from the perspective of Hawaii's health care providers, it is difficult to make specific recommendations regarding this issue. However, the authors of the 2005 Cessation Needs Assessment Report underscored the importance of cessation interventions in the clinical setting as a component of the comprehensive cessation system, and recommended that a study be conducted to (1) document current cessation practices in the clinical setting, and (2) to explore ways to link clinicians' efforts to other system components, including community-based and telephone-based counseling services.

Clearly, physicians and other health care providers have critical roles to play within Hawaii's larger tobacco cessation system – in assessing, advising and counseling adults and adolescents in their efforts to quit and stay quit, and in encouraging non-smokers to avoid tobacco. With cessation counseling available at clinical, community and hospital settings, pharmacologic therapies that typically double quit rates, and a recently launched cessation quitline, Hawaii's smokers have more opportunities than ever before to successfully “call it quits”.

For more information on the Cancer Research Center of Hawaii, please visit its website at www.crch.org.

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See Cancer Research Center Hotline, p. 325

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Authors

I. Hye-ryeon Lee PhD

Assistant Professor
Department of Speech Communication
Cancer Research Center of Hawaii
University of Hawaii at Manoa

II. Hali Robinett MPH

Program Director
NCI's Cancer Information Service, Pacific Region
Cancer Research Center of Hawaii
University of Hawaii

III. Diane Mitschke MSW

Partnership Program Coordinator
NCI's Cancer Information Service, Pacific Region
Cancer Research Center of Hawaii
University of Hawaii

IV. Tonya Lowery St. John MPH

Chronic Disease Epidemiologist
Tobacco Prevention and Education Program
Hawaii State Department of Health

V. Maria Reyes

Assistant Director
Coalition for a Tobacco Free Hawaii

VI. Tina Tamai MPH

Client Services Manager
Free & Clear, Inc.
Hawaii Tobacco Quitline



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